

March 11, 2020

Information for Schools on Responding to the Novel Coronavirus (COVID-19) Outbreak

INTRODUCTION

Each day, the novel coronavirus (COVID-19) has a greater impact on our lives. Epidemiologists have indicated that the outbreak is accelerating and will likely be with us for some time. As stewards of a community's most valuable resource — its children — school trustees have a responsibility to treat this outbreak with the utmost seriousness. It is critical that school boards take logical, research-based measures to help mitigate the spread of the virus. At the same time, those concerns must be balanced against tradeoffs and unintended consequences for students, staff, families and the community at large.

In this message, the California School Boards Association (CSBA) provides information and guidance that can help school leaders confront the difficult decisions involved with COVID-19. We also explore some of the pressing policy and protocol questions related to COVID-19 and outline CSBA's advocacy for schools on this important issue.

In addition, this document contains a link to the joint guidance for schools released by the [California Department of Public Health \(CDPH\)](#) and the [California Department of Education \(CDE\)](#) on March 7, 2020. CSBA encourages all school leaders to read, absorb and follow the information within the CDPH and CDE guidance and to post it prominently at all school sites.

BACKGROUND

The [World Health Organization \(WHO\)](#) describes coronaviruses as a large family of viruses which may cause illness ranging from the common cold to more severe diseases such as Middle East Respiratory Syndrome (MERS) and Severe Acute Respiratory Syndrome (SARS). The most recently discovered coronavirus causes coronavirus disease COVID-19.

The most common symptoms of COVID-19 are fever, fatigue and dry cough. Some patients may have aches and pains, nasal congestion, runny nose, sore throat or diarrhea. These symptoms are usually mild and begin gradually. Some people become infected but do not develop any symptoms. Illness due to COVID-19 infection is generally mild, especially for children

and young adults. **About 80 percent of those infected with COVID-19 recover from the disease without needing special treatment.** Roughly one out of every five people who contracts COVID-19 requires hospital care. Older people, and those with underlying medical problems like high blood pressure, heart problems, diabetes or lung diseases are more likely to develop serious illness. **People with fever, cough and difficulty breathing should seek medical attention.**

People can catch COVID-19 from others who have the virus. Studies to date suggest that the virus that causes COVID-19 is mainly transmitted through contact with respiratory droplets rather than through the air. **The disease can spread from person to person through small droplets from the nose or mouth that are spread when a person with COVID-19 coughs or exhales. These droplets land on objects and surfaces around the person. Other people then catch COVID-19 by touching these objects or surfaces, then touching their eyes, nose or mouth.** People can also catch COVID-19 if they breathe in droplets from a person with COVID-19 who coughs out or exhales droplets. As a result, **it is important to stay at least three feet away (and ideally six feet away) from a person who is sick.**

STATUS OF OUTBREAK

On March 11, 2020, the WHO declared the novel coronavirus a pandemic citing "alarming levels of spread and ... alarming levels of inaction" according to *The Washington Post*. The last time the WHO used the pandemic designation was in 2009, when the H1N1 flu pandemic killed hundreds of thousands globally.

As of March 10, 2020, the WHO reported 118,467 confirmed cases in 115 countries and territories and 4,267 deaths related to COVID-19. Domestically, exact data is harder to come by since the Centers for Disease Control and Prevention (CDC) indicated earlier this week that it would no longer provide a running tally of people who have contracted the disease or are under observation for possibly having done so. As of March 9, 2020, the website listed 647 domestic cases and 25 deaths. According to news reports, the number of confirmed coronavirus cases in the United States is approximately 1,000 and expected



to climb rapidly as testing becomes more widely available. To date, cases have been reported across 38 states and the District of Columbia, with Washington and California accounting for more than one-third of all cases nationally.

As of March 10, 2020, the CDPH cited a total of 157 positive cases of COVID-19 and two deaths in California. Twenty-four cases are from repatriation flights; the other 109 confirmed cases include 44 that are travel related, 28 from person-to-person contact, 19 community acquired and 18 from unknown sources. Approximately 10,300 people are self-monitoring across 49 local health jurisdictions after returning to the U.S. from travel.

Eighteen public health labs in California are testing for COVID-19. These labs include the CDPH's Laboratory in Richmond, and the county public health laboratories in Alameda, Contra Costa, Humboldt, Los Angeles, Monterey, Napa-Solano-Yolo-Marin (located in Solano), Orange, Sacramento, San Bernardino, San Diego, San Francisco, San Luis Obispo, Santa Clara, Sonoma, Tulare and Ventura County. The Richmond Laboratory will provide diagnostic testing within a 48-hour turnaround time. More public health labs will soon be able to test for COVID-19.

RESPONSE

Response to the virus is varied, but many organizations and government agencies in California have taken severe measures to help halt the spread of COVID-19. A non-exhaustive list of these measures includes the suspension of public events county-wide, the temporary closure of a school district, cancellation of conferences and the end of in-person classes in favor of distance learning at many public and private universities.

Until the week of March 9, 2020, CDC adopted a "containment" posture toward the virus that included quarantines as a key strategy. CDC has since announced that the country has entered a "mitigation" phase focused more on advising people to stay at home if they're sick, canceling public gatherings, and taking precautions such as telecommuting and practicing excellent hygiene.

Dr. Nancy Messonnier, director of the CDC's National Center for Immunization and Respiratory Diseases, told news outlets that the organization doesn't expect to issue a one-size-fits-all national response because areas affected by community spread of the disease (non-travel-related transmissions) must adapt the response for their specific circumstances.

IMPLICATIONS FOR SCHOOLS

As the primary gathering place for young people, schools deserve special emphasis in combating the coronavirus. Although most children are resilient in the face of COVID-19, this should not give rise to complacency. Substantial numbers of students who are immunocompromised may become gravely ill if they contract COVID-19, and even students who don't succumb to symptoms may pass on the disease to vulnerable members of their families, school staff or the community at large.

This reality has raised many questions for school leaders facing questions about how to mitigate the spread of COVID-19, address the prospect of decreased attendance, deal with human resource issues, prevent harassment of students and staff, prepare for potential school closures and a range of other topics addressed below. Social distancing and hygiene practices that reduce the chance of contracting coronavirus have been covered in a variety of communications such as the [CDPH and CDE guidance](#), which we highly recommend. We address these measures here, but also explore other unresolved issues that schools are facing.

BEST PRACTICES

Review and update comprehensive school safety plans and relevant board policy

- » Ensure that staff are familiar with practices and procedures related to attendance and distance learning as these topics become the source of frequent questions from family and community. Please review CSBA's relevant GAMUT Board Policies and Administrative Regulations:
 - » BP and AR 5141.22 Infectious Diseases
 - > Addresses precautions for students who have contracted infectious diseases
 - » BP 4119.41 Employees with Infectious Disease
 - > Addresses precautions for staff who have contracted infectious diseases
 - » BP and AR 3516 Emergencies and Disaster Preparedness Plan
 - > Covers the mandatory emergencies and disaster preparedness plan every LEA must have. The AR includes medical quarantines for events such as pandemics as a type of emergency
 - » AR 5112.2 Exclusions from Attendance
 - > Addresses the status of students who are infected with any contagious disease on the list of mandatory exclusions from attendance
 - » BP 1431 Waivers
 - > Discusses attendance waivers. [A J-13A waiver](#) for apportionment from CDE will be required in the event of school closures.
 - » This [Infectious Disease and Pandemic Response Plan from the Mountain View Whisman School District](#) is an excellent example of the kind of resource that can help schools navigate the decision tree involved with a COVID-19 response and provide clarity for students, staff and community.

Encourage students and staff to stay home when sick

- » Communicate that students and staff who have signs of respiratory illness or fever should not come to school until they have gone at least 24 hours without symptoms and without taking medication meant to artificially depress those symptoms.



- » Send students and staff home when sick or with documented exposure to COVID-19 patients or high-risk scenarios as defined by the CDC.
- » Send home any member of the school community who presents with fever or respiratory infection symptoms or release them to the care of an approved guardian immediately. In the interim, take steps to minimize the contact of the patient with others.

Communicate frequently with your school community and major partners

- » Develop a plan for regular updates to your school community and labor partners even if your schools are not experiencing new developments related to COVID-19.

Collaborate with key agency and community partners on emergency contingency plans

- » Ensure that partner entities, such as bargaining units, after-school providers and others with access to students and staff are aware of and agree to comply with the school's public health protocols.
- » Be prepared to develop a special Memorandum of Understanding (MOU) in the event emergency adjustments are needed to collective bargaining agreements.
- » Consider granting the superintendent emergency powers to address coronavirus without convening a board meeting (if you have not already delegated this authority through adoption of Board Policy 2210 – Administrative Discretion Regarding Board Policy). In emergencies of various types, school districts have found value in giving the superintendent temporary powers that allow for expedited action to meet the demands of the crisis.
- » Coordinate with local public health and education oversight agencies in arriving at major decisions such as school closures. Also, involve community-based organizations that can help reduce the impact of such decisions on families and help spread the message to their constituencies. Additionally, communicate with other local government entities and leaders as well as your state and federal legislative representatives as a courtesy.
- » In the event of school closure, please take advantage of the [newly issued waiver from the United States Department of Agriculture \(USDA\)](#) that allows any school district that has previously been approved to operate the Summer Food Service Program (SFSP) or Seamless Summer Option (SSO) to provide meals to students during a coronavirus-related closure.

Regulate staff travel and monitor student travel

- » Consult the [CDC's Traveler's Health Notices](#) for the latest guidance regarding travel to foreign countries. Consider suspending foreign travel for staff and discouraging any non-critical air travel. Exclude students, teachers or staff who have a travel history over the course of the last 14 days to a region classified by the CDC as a [Level 3 Travel Health Notice area](#).

Focus on the community in the decision-making process

- » Weigh the benefits of school attendance against the health and safety of the school community. Also perform cost-benefit analysis on any school closure decision, paying particular attention to the scarcity and expense of childcare for children too young to stay home alone and the potential costs for parents and guardians who might miss work for childcare obligations.
- » Consider developing a matrix that makes coronavirus protocols accessible and easy to review for staff, families and community.
- » Make a special effort to translate relevant communications into all the major languages for your school district or county office.

Emphasize positive school culture and anti-bullying and anti-discrimination practices

- » Unfortunately, some people have used COVID-19's presumed origin in China as a pretext for bullying and discriminatory behavior against people of Asian descent. Schools should make it clear that this kind of behavior will not be tolerated and take steps to ensure that students who have been impacted by COVID-19 are not targets for harassment.
- » In a March 4 letter to educators, Assistant Secretary for Civil Rights Kenneth L. Marcus wrote that schools should be paying "careful attention" to bullying and other unfair treatment of students who are perceived to be of Asian descent. If you have questions or would like additional information or technical assistance, you may visit the website of the Department of Education's OCR at www.ed.gov/ocr or contact OCR at (800) 421-3481 (TDD: 800-877-8339) or at ocr@ed.gov. You may also contact OCR's Outreach, Prevention, Education and Non-discrimination (OPEN) Center at OPEN@ed.gov.

Base exclusion decisions on California's Education Code, CPDH guidance, and, as necessary, consultations with County Health Department

Ensure staff is familiar with relevant California Education Code around excluding students and staff from school, particularly (Educ. Code, § 49451) [K-12] and (Educ. Code, § 48213) [K-12]. These sections of Ed Code state that a school is authorized to exclude a student or staff member if:

- » There is good reason to believe that the person is suffering from a recognized contagious or infectious disease.
- » The continued presence of [a student] would constitute a clear and present danger to the life, safety, or health of pupils or school personnel.
- » Exclude students, teachers or staff who have a travel history over the course of the last 14 days to a region classified by the CDC as a [Level 3 Travel Health Notice area](#).
- » Ensure that students remain out of school for at least 14 days following their last close contact with someone diagnosed with COVID-19.



- » Communicate clearly with families that, while it is their right to keep students in good health home from school, those absences will be marked as unexcused, per Ed Code.
- » School officials are encouraged to consult with public health officials for assistance in determining when students must be excluded. The county health officer has the authority to exclude students from school and quarantine individuals. [More information on this process is available at the CDPH website.](#)

Perform routine cleaning and consider deep cleaning when possible

Clean frequently touched surfaces such as door handles, classroom desks and chairs, workstations, countertops, physical education equipment, etc. If possible, consider the possibility of deep cleaning during weekends and extended breaks.

Facilitate the practice of basic hygiene

To help stop the spread of germs, make tissues available in classrooms and school facilities and instruct students and staff to use them to cover their mouths when coughing or sneezing. Stress that used tissues should be placed in a waste basket. If no tissue is available, students and staff should sneeze into the upper sleeve, not a hand.

Take special efforts to ensure that soap is always available in all bathrooms. Instruct students and staff to use soap and water when washing hands after using the bathroom and after coughing or sneezing. At least 20 seconds of hand washing is the most effective. Include handwashing practice training for younger students.

If possible, provide school facilities with alcohol-based sanitizer that contains at least 60 percent alcohol.

ADVOCACY AND ISSUES OF CONCERN

We know that there is substantial anxiety about how schools can best provide for the health and safety of students, staff and community. The situation around COVID-19 is fluid and CSBA is continuing to work with other education and public health officials to provide useful guidance.

We are also exploring other issues raised by COVID-19 that may be impacting members. This list includes but is not limited to:

- » Ensuring that school districts and county offices of education are not punished financially or otherwise for putting the health of students, staff and community first
- » Examining whether low-income families or those with insufficient health care are avoiding medical treatment for cost reasons
- » Confirming whether the public charge rule is relevant if a child with undocumented immigration status makes a hospital visit
- » Determining whether families without documentation are avoiding school for fear of contracting an illness that leads to exposure of immigration status and deportation

- » Addressing deficits and inequities in statewide school technology infrastructure, instruction and professional development so distance learning becomes a realistic option for more LEAs in future emergencies
- » Providing for extended day or summer school options for students who miss school time that is critical to their efforts to graduate
- » Developing statewide protocols around event cancellation and school closures in the event of a pandemic so LEAs are not making these decisions in isolation

CSBA appreciates the hard work you are doing to support students, staff and community amidst incredibly difficult circumstances. We will continue to advocate for the interests of California's public school on this and other issues and keep you informed of our progress.

RESOURCES

California Department of Public Health and California Department of Education Joint Guidance

https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/School%20Guidance_ADA%20Compliant_FINAL.pdf

World Health Organization

<https://www.who.int/news-room/q-a-detail/q-a-coronaviruses>

California Department of Public Health

<https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Immunization/nCOV2019.aspx>

Centers for Disease Control and Prevention

<https://www.cdc.gov/coronavirus/2019-ncov/>

<https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/guidance-for-schools.html>

<https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/schools-faq.html>

<https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/checklist.html>

<https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/cleaning-disinfection.html>

<https://www.cdc.gov/coronavirus/2019-ncov/downloads/2019-ncov-factsheet.pdf>

<https://wwwnc.cdc.gov/travel/notices>

Occupational Safety and Health Administration

<https://www.osha.gov/SLTC/covid-19/>

